

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00343137

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by William J. Robb, III, MD

Date

12

05

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		652130.44
(b) Cash on Hand at Beginning of Reporting Period .....	297741.10	
(c) Total Receipts (from Line 19) .....	69170.03	990058.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	366911.13	1642188.94
7. Total Disbursements (from Line 31) .....	74389.89	1349667.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	292521.24	292521.24
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	62425.00	904035.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4000.00	65080.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	66425.00	969115.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	66425.00	969115.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1745.03	14943.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69170.03	990058.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69170.03	990058.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2139.89	15338.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2139.89	15338.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	731655.00
24. Independent Expenditure (use Schedule E) .....	0.00	600000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	1750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	250.00	1750.00
29. Other Disbursements.....	0.00	924.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	74389.89	1349667.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	74389.89	1349667.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66425.00	969115.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	1750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66175.00	967365.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2139.89	15338.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1745.03	14943.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	394.86	394.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Steven S Ratcliffe, MD

Mailing Address 2547 103rd Ave SE

City State Zip Code  
 Bellevue WA 98004-7203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Proliance Surgeons

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24883999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Mitchell Forest Reiter, MD

Mailing Address 50 Blazier Rd

City State Zip Code  
 Martinsville NJ 08836-2041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Medical School

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Richard A Rosa, MD

Mailing Address 741 Northfield Ave Ste 200

City State Zip Code  
 West Orange NJ 07052-1104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884001

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Gene L. Muse, MD

Mailing Address 4200 W Memorial Rd Ste 1001

City State Zip Code  
 Oklahoma City OK 73120-8359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Institute of Sports Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884002

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. James P. Jamison, MD

Mailing Address 6470 Tippecanoe Rd

City State Zip Code  
 Canfield OH 44406-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884003

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. James K. Rudder, MD

Mailing Address 208 McAuley Ct

City State Zip Code  
 Hot Springs AR 71913-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Arkansas

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884004

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael Stewart Clarke, , MD

Mailing Address 6725 E Farm Rd 138

City

Springfield

State

MO

Zip Code

65802-7288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Todd Sorensen, , MD

Mailing Address 5932 S 1050 E

City

South Ogden

State

UT

Zip Code

84405-4999

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ogden Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884006

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark J Conklin, , MD

Mailing Address 660 Golden Ridge Rd Ste 250  
Panorama Ortho & Spine Ctr

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884042

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Matthew J Bueche, , MD

Mailing Address 1259 Rickert Dr Ste 101

City State Zip Code  
 Naperville IL 60540-8904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
M & M Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Craig Robert Mahoney, , MD

Mailing Address 2004 S 40th Ct

City State Zip Code  
 West Des Moines IA 50265-5764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884044

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Paul T Rud, , MD

Mailing Address 15684 Birchwood Ln

City State Zip Code  
 Brainerd MN 56401-6177

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24884045

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. John T Murphy, Jr, MD

Mailing Address 2201 Cloyd Blvd

City

Florence

State

AL

Zip Code

35630-1505

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: 24884046

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Stanley A Kopp, , MD

Mailing Address 693 Washington Ave

City

Mukilteo

State

WA

Zip Code

98275-1817

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: 24884048

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. John G Lane, , MD

Mailing Address 8008 Frost St Ste 403

City

San Diego

State

CA

Zip Code

92123-4209

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: 24884049

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Patrick J Kay, , MD Mailing Address 11379 Merlin Ct City State Zip Code Fishers IN 46037-4135 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Central Indiana Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID: 24884050</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Pamela L Jones, , MD Mailing Address 50 Beacon St Ste 2 City State Zip Code Boston MA 02108-3524 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID: 24884051</b> Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD Mailing Address 201 E Wendover Ave City State Zip Code Greensboro NC 27401-1200 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 <b>Transaction ID: 24920667</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Charles Cannon Edwards, II, MD

Mailing Address 1826 Circle

City State Zip Code  
Towson MD 21204-6415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920668

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. James J Hamilton, MD

Mailing Address Univ of MO at Kansas City  
2301 Holmes, Dept of Ortho

City State Zip Code  
Kansas City MO 64108-2677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospital Hill Health Services

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Richard D Schmidt, MD

Mailing Address 7373 France Ave S Ste 312

City State Zip Code  
Edina MN 55435-4549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920670

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen L Brenneke, , MD

Mailing Address 3510 NE 122nd Ste 103

City State Zip Code  
 Portland OR 97230-1500

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond J Boniface, , MD

Mailing Address 835 McKay Ct Ste 100

City State Zip Code  
 Youngstown OH 44512-5786

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Neil J Maki, , MD

Mailing Address 525 St Mary St

City State Zip Code  
 Thibodaux LA 70301-2692

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920673

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Tilok Ghose, MD

Mailing Address 7920 Cedar Ave S

City State Zip Code  
Bloomington MN 55425-1207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24920674

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Charles M Pesson, MD

Mailing Address 1668 Mulkey Rd Ste A

City State Zip Code  
Austell GA 30106-1163

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921130

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. John A Odom, Jr, MD

Mailing Address 10103 Ridge Gate Pkwy Ste 306

City State Zip Code  
Lone Tree CO 80124-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921131

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Eric R Jamrich, , MD

Mailing Address 10103 Ridgeway Pkwy Ste 306

City State Zip Code  
 Lone Tree CO 80124-5525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Rodney J Herrin, , MD

Mailing Address Ortho Center of Illinois  
 3136 Old Jacksonville Rd Ste 150

City State Zip Code  
 Springfield IL 62704-6487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. William C McMaster, , MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code  
 Orange CA 92868-3856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921134

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Clark P Searle, , MD

Mailing Address N5390 Rancho Viejo Rd

City State Zip Code  
 Fond Du Lac WI 54935-9373

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921138

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Chitranjan S Ranawat, , MD

Mailing Address Lenox Hill Hosp-W Black Hall  
 130 E 77th St 11th Fl

City State Zip Code  
 New York NY 10021-1851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lenox Hill Hospital

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921139

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Frank J Eismont, , MD

Mailing Address Univ of Miami School of Med  
 Dept of Orthopaedics

City State Zip Code  
 Miami FL 33101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Miami Miller  
School of M

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921218

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 17 / 63

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Edward R McDevitt, MD

Mailing Address Bay Area Orthopaedics & Sports Med  
1300 Ritchie Hwy Ste ACity State Zip Code  
Arnold MD 21012-2244FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Area Orthopaedics &  
Sports MedicineOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921219

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tomoji Mizuguchi, MD

Mailing Address 3582 Sagamore Dr

City State Zip Code  
Huntington Beach CA 92649-2531FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth A Pettine, MD

Mailing Address Rocky Mountain Assoc in Orthopedic  
3810 N Grant AveCity State Zip Code  
Loveland CO 80538-8412FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921226

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. David R Schmidt, , MD

Mailing Address 9150 Huebner Ste 155

City State Zip Code  
 San Antonio TX 78240-1598

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sports Medicine Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921227

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Stephen A Yoder, , MD

Mailing Address 934 Center St

City State Zip Code  
 Ashland OH 44805-4063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Richard David Schuster, , MD

Mailing Address 1651 W Rosedale St

City State Zip Code  
 Fort Worth TX 76104-7437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Texas Health Bone & Joint

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921229

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Thomas Woo, MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City State Zip Code  
 Indianapolis IN 46237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedics Indianapolis

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921249

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Scott P Fischer, MD

Mailing Address Orthopaedic Specialty Institute  
 280 S Main Ste 200

City State Zip Code  
 Orange CA 92868-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921250

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Christopher M Miller, MD

Mailing Address 3045 S National

City State Zip Code  
 Springfield MO 65804-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialists  
of Springfield

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921251

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Susan N Ishikawa, MD

Mailing Address 488 Wolf View Cv

City State Zip Code  
 Cordova TN 38018-7629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Campbell Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921252

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Julio Taleisnik, MD

Mailing Address 1140 W La Veta Ave Ste 860

City State Zip Code  
 Orange CA 92868-4218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921304

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Bernard N Stulberg, MD

Mailing Address 1730 W 25th St

City State Zip Code  
 Cleveland OH 44113-3170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Ctr for Joint  
Reconstruction

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921305

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Joseph Fromm Hollinger, MD

Mailing Address 700 Lomas Blvd NE  
1 Woodward Center

City State Zip Code  
Albuquerque NM 87102-2568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921306

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. George C Alber, MD

Mailing Address 18 E Jimmie Leeds Rd

City State Zip Code  
Galloway NJ 08205-9510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921307

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Lawrence A Lefkowitz, MD

Mailing Address 1 Colony St

City State Zip Code  
Norwalk CT 06851-5801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921308

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Frank Hermantin, , MD

Mailing Address 1400 Peoples Plaza  
Suite 127

City State Zip Code  
Newark DE 19702-5707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24921309

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Robert C Greenberg, , MD

Mailing Address 1401 Bradberry Dr

City State Zip Code  
Murfreesboro TN 37130-1146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929062

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Craig William Roodbeen, , MD

Mailing Address 1350 Kirts Blvd Ste 160

City State Zip Code  
Troy MI 48084-4852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929063

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Harlan C Amstutz, , MD

Mailing Address 2400 S Flower St

City State Zip Code  
 Los Angeles CA 90007-2697

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Daniel J Daluga, , MD

Mailing Address 4601 Penelope Ct

City State Zip Code  
 West Lafayette IN 47906-5740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Mark Albrecht Peterson, , MD

Mailing Address 9715 Med Ctr Dr Ste 233  
 Shady Grove Ortho Assoc PA

City State Zip Code  
 Rockville MD 20850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929066

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. C Martin Persons, , MD

Mailing Address 1604 Hospital Pky Ste 402

City State Zip Code  
 Bedford TX 76022-6932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929068

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Michael R Green, , MD

Mailing Address 1490 E Foremaster Dr Ste 260

City State Zip Code  
 Saint George UT 84790-4502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929069

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Ronald M Selby, , MD

Mailing Address Ortho Surgery & Sports Med  
 20 W 13th St

City State Zip Code  
 New York NY 10011-7986

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929070

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Donald Clinton Morris, Jr, MD

Mailing Address 695 Hill Country Dr Ste C

City State Zip Code  
 Kerrville TX 78028-6075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929071

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Todd W Maily, , MD

Mailing Address 47 Jolley Dr

City State Zip Code  
 Bloomfield CT 06002-3092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT Ortho & Sports Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929072

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Robert C Martin, , DO

Mailing Address 901 N Winstead Ave Ste 210

City State Zip Code  
 Rocky Mount NC 27804-8745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Regional Orthopa-  
edics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929073

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. John Thomas Killian, , MD

Mailing Address 314 Sterrett Ave

City State Zip Code  
 Birmingham AL 35209-5135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Orthopaedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929238

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Audie M Rolnick, , MD

Mailing Address 600 S Pine Island Rd Ste 300

City State Zip Code  
 Plantation FL 33324-3179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Center of Sou-  
th Florida

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929239

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. David J Yasgur, , MD

Mailing Address Katonah Medical Group  
 111 Bedford Rd

City State Zip Code  
 Katonah NY 10536-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katonah Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929240

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Timothy J Clader, MD

Mailing Address 10 Hagen Dr Ste 20 LL

City State Zip Code  
 Rochester NY 14625-2663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24929242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Kevin John Bozic, MD

Mailing Address Univ of CA San Francisco  
 Dept of Orthopedic Surgery

City State Zip Code  
 San Francisco CA 94143-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of CA San Francisco

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Michael H Huo, MD

Mailing Address U of TX Southwestern Med School  
 Dept of Ortho Surgery

City State Zip Code  
 Dallas TX 75390-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Texas Southwestern

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961311

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Thomas E Hoerner, MD

Mailing Address Essex Orthopaedics  
140 Haverhill St

City State Zip Code  
Andover MA 01810-1504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Essex Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. David R Mauerhan, MD

Mailing Address Carolinas Med Ctr  
Dept of Orthopaedic Surgery

City State Zip Code  
Charlotte NC 28232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolinas Medical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961313

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Michael B Vessely, MD

Mailing Address 522 Second St

City State Zip Code  
Lake Oswego OR 97034-3129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Portland Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961314

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Audley M Mackel, III, MD

Mailing Address 4200 Warrensville Center Rd  
Ste 250

City State Zip Code  
Cleveland OH 44122-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associates in Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961315

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Joseph Noah, , MD

Mailing Address 836 Sunset Lake Blvd Ste 205

City State Zip Code  
Venice FL 34292-7556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suncoast Ortho & Sports  
Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961327

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. George K Nichols, , MD

Mailing Address 1155 35th lane Ste 100

City State Zip Code  
Vero Beach FL 32960-6572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vero Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961328

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Felix A Rodriguez-del Rio, MD

Mailing Address Centro Medico Mail Station  
#233 GPD BOX 70344

City State Zip Code  
San Juan PR 00936

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961329

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Stanley R Rothschild, MD

Mailing Address 3301 New Mexico Ave NW Ste 248

City State Zip Code  
Washington DC 20016-3610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. John G Heller, MD

Mailing Address 59 Executive Park South NE Ste 300

City State Zip Code  
Atlanta GA 30329-2208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emory Spine Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961331

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Kenneth Levitsky, MD

Mailing Address 28-04 Broadway

City State Zip Code  
Fairlawn NJ 07410-3913

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Garden State Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961332

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Robert Thomas Fisher, MD

Mailing Address 52 Thomas Johnson Dr

City State Zip Code  
Frederick MD 21702-4300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopaedic Specialists  
of Frederick

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961338

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Jonathan L Grantham, MD

Mailing Address Freeman Ortho & Sports Med  
1111 McIntosh Cir

City State Zip Code  
Joplin MO 64804-3645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Freeman Health System

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961340

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. J Andrew Parr, MD

Mailing Address 5944 Crestview Ave

City State Zip Code  
 Indianapolis IN 46220-2751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana University

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Mark Thomas O'Meara, MD

Mailing Address 652 S 8th Ave

City State Zip Code  
 West Bend WI 53095-3906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Bend Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961343

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Stephen T Imrie, MD

Mailing Address 123 Di Salvo Ave

City State Zip Code  
 San Jose CA 95128-1717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961344

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Harry C Eschenroeder, Jr, MD

Mailing Address 2019 Tate Springs Rd

City State Zip Code  
 Lynchburg VA 24501-1119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Virginia Orthopaedic  
PC

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961345

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Michael Ren Yorgason, , MD

Mailing Address 2900 12th Ave N Ste 100E

City State Zip Code  
 Billings MT 59101-7504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961346

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Charles Edward Barnes, , MD

Mailing Address 3308 Bondwood Cir

City State Zip Code  
 Johnson City TN 37604-8907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Appalachian Orthopaedic  
Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961399

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Brent Allen, MD Mailing Address 4760 W Sunset Blvd City State Zip Code Los Angeles CA 90027-6063 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 24961400 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John H Mahon, MD Mailing Address 8602 N Cardinal Dr City State Zip Code Phoenix AZ 85028-6102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Scottsdale Orthopaedic Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 24961401 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Samuel E Smith, MD Mailing Address Front Range Orthopedic Surgery 1551 Professional Ln Ste 200 City State Zip Code Longmont CO 80501-6964 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Front Range Orthopedic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> 24961402 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Jack Farr, II, MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City State Zip Code  
 Indianapolis IN 46237-6340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961403

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Richard M Gray, , MD

Mailing Address 14547 Bruce B Downs Blvd

City State Zip Code  
 Tampa FL 33613-2709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Medical Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 24961404

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Samuel D D'Agata, , MD

Mailing Address 207 Blooming Grove Rd

City State Zip Code  
 Hanover PA 17331-7917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24995374

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Jacob Samuel Heydemann, MD

Mailing Address 858 River Oaks

City State Zip Code  
 El Paso TX 79912-3420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24995375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. James P Tasto, MD

Mailing Address 6719 Alvarado Rd Ste 200

City State Zip Code  
 San Diego CA 92120-5256

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996792

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Melvyn Augustus Harrington, MD

Mailing Address Loyola Univ Med Ctr  
 Dept Orthop Bldg 105 Rm 1700

City State Zip Code  
 Maywood IL 60153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Loyola Univ Med Ctr

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996793

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Raymond M P Sherman, , MD

Mailing Address 3923 Orchard St

City State Zip Code  
 Sioux City IA 51104-1341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996796

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Terry K Gemas, , MD

Mailing Address Lakewood Orthopaedics & Sports Med  
 9219 Garland Rd #2107

City State Zip Code  
 Dallas TX 75218-3638

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996797

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Mark J Anders, , MD

Mailing Address 462 Grider St

City State Zip Code  
 Buffalo NY 14215-3098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Orthopaedics  
Inc

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996799

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. John F Tompkins, II, MD

Mailing Address Univ of OK Health Sciences Ctr  
Dept of Ortho Surg Ste WP1380

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Oklahoma

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996800

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Jack L Deetjen, , MD

Mailing Address 515 N King St Ste 106

City State Zip Code  
Sequin TX 78155-4815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Robert John Bischoff, , MD

Mailing Address 207 Blooming Grove Rd

City State Zip Code  
Hanover PA 17331-7917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996805

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. James H Ellison, , MD

Mailing Address 207 Blooming Grove Rd

City State Zip Code  
 Hanover PA 17331-7917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996806

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Francis Xavier Kilkelly, , MD

Mailing Address 29 Cornell Dr

City State Zip Code  
 Hanover PA 17331-9767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996807

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Anthony L Brown, , MD

Mailing Address 3235 Vollmer Rd Ste 147

City State Zip Code  
 Flossmoor IL 60422-2040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996808

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Pamela Fillebrown Davis, MD

Mailing Address 4622 Progress Dr Ste C

City State Zip Code  
Davenport IA 52807-3483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ORA

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. John W Lamb, MD

Mailing Address 2010 Church St Ste 720

City State Zip Code  
Nashville TN 37203-2076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24996810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. J Kenneth Burkus, MD

Mailing Address 6262 Veterans Pkwy

City State Zip Code  
Columbus GA 31909-3540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hughston Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997210

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Robert Mark Hazel, MD

Mailing Address 6701 Heritage Pkwy Ste 140

City State Zip Code  
 Rockwall TX 75087-8799

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997212

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. John S Kirkpatrick, MD

Mailing Address University of Alabama at Birmingham  
 Dept of Ortho-940 Faculty Office T

City State Zip Code  
 Birmingham AL 35294-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Alabama at Birmin-  
 gham

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997213

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Stephen D Helper, MD

Mailing Address 29001 Cedar Rd Ste 519

City State Zip Code  
 Lyndhurst OH 44124-4041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997214

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. James K McKechnie, , MD

Mailing Address 103 Professional Plz

City State Zip Code  
**Mattoon IL 61938-9252**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997215

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Jim K Hudson, , MD

Mailing Address 3635 Bienville Blvd

City State Zip Code  
**Ocean Springs MS 39564-5711**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bienville Orthopaedic Spe-  
cialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. David A Bernstein, , MD

Mailing Address New Mexico Orthopaedics  
201 Cedar SE Ste 6600

City State Zip Code  
**Albuquerque NM 87106-5411**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Mexico Orthopaedic As-  
sociates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997217

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Hugh Carroll McLeod, III, MD

Mailing Address 1163 Johnson Ferry Rd Ste 200

City State Zip Code  
 Marietta GA 30068-2764

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Atlanta Orthopaedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. John Quentin Smith, MD

Mailing Address 3235 S Westbury PI

City State Zip Code  
 Eagle ID 83616-6776

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Idaho Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Thomas J Sabourin, MD

Mailing Address 2152 David Way

City State Zip Code  
 Del Mar CA 92014-2248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997220

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. David E Nonweiler, , MD

Mailing Address William Medical Bldg  
6585 S Yale Ste 200

City State Zip Code  
Tulsa OK 74136-8315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central States Orthopaedic  
Specialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Alan G Lewis, , MD

Mailing Address Eastern Oklahoma Ortho Ctr  
6475 S Yale Ave Ste 301

City State Zip Code  
Tulsa OK 74136-7815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Oklahoma Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 24997222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. S Terry Canale, , MD

Mailing Address Campbell Clinic  
1400 S Germantown Rd

City State Zip Code  
Germantown TN 38138-2205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Campbell Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070628

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. John P Ternes, , MD

Mailing Address 3707 Mooreland Farms Rd

City State Zip Code  
 Charlotte NC 28226-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Orthopedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070629

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Miers C Johnson, III, MD

Mailing Address Saltzer Medical Group  
 215 E Hawaii

City State Zip Code  
 Nampa ID 83686-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saltzer Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070631

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

Dr. Carey E Winder, , MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code  
 Baton Rouge LA 70810-7827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baton Rouge Orthopaedic  
Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070632

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Michael Holland, MD

Mailing Address 1307 Crawley-Rayne Hwy Ste D

City State Zip Code  
 Crowley LA 70526-8210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070634

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Dr. John Patrick Reilly, MD

Mailing Address 60 Coperflag Ln

City State Zip Code  
 Staten Island NY 10304-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Richard J Mason, MD

Mailing Address 510 Idlewild Ave

City State Zip Code  
 Easton MD 21601-3855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070636

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Paul E Hughes, , MD

Mailing Address 50 S San Mateo Dr Ste 440

City State Zip Code  
 San Mateo CA 94401-3833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Burlingame Orthopedics &  
Sports Med

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr. Ward Sayre Oakley, Jr, MD

Mailing Address PO Box 2000

City State Zip Code  
 Pinehurst NC 28370-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 25070639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr. Thomas H Thompson, , MD

Mailing Address 2508 NW Medical Park Dr

City State Zip Code  
 Roseburg OR 97470-5505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 25087246

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$250.00 This changes the YTD Total to \$25-0.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

62425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City State Zip Code  
 Lake Worth FL 33461

FEC ID number of contributing  
federal political committee.

**C** C00289140

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☐ General

☒ Other (specify) ▼  
 2006 Congress Gen-  
 era

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24922339

Amount of Each Receipt this Period

1000.00

Return of contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14943.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6

Transaction ID: 25034806

Amount of Each Receipt this Period

1745.03

Refund of bank fees from  
affiliated organization

**SUBTOTAL** of Receipts This Page (optional) .....

1745.03

**TOTAL** This Period (last page this line number only) .....

1745.03

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City  
Chicago

State  
IL

Zip Code  
60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24953695

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

706.30

Bank fees deducted from  
account

Full Name (Last, First, Middle Initial)

**B.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City  
Chicago

State  
IL

Zip Code  
60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24953696

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

1038.73

Bank fees deducted from  
account

Full Name (Last, First, Middle Initial)

**C.** Northern Trust Company

Mailing Address 50 S. LaSalle St.

City  
Chicago

State  
IL

Zip Code  
60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 25086687

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

394.86

Bank fees deducted from  
account

**SUBTOTAL** of Disbursements This Page (optional) .....

2139.89

**TOTAL** This Period (last page this line number only) .....

2139.89

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John D. Dingell

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: MI District: 15 2006 Congress Genera

Transaction ID: 24881295

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Gene Green

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: TX District: 29 2006 Congress Genera

Transaction ID: 24881300

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road  
Suite A307

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
C.A. Dutch Ruppersberger

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: MD District: 2 2006 Congress Genera

Transaction ID: 24881302

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. Stabenow For Us Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

Candidate Name  
Sen. Debbie Stabenow

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MI District: 2

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 24881303

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Friends Of John Tanner**

Mailing Address Post Office Box 1994  
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

Candidate Name  
Rep. John S. Tanner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 8

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24881292

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Jerry Weller For Congress Inc.**

Mailing Address P.O. Box 15283

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
Rep. Jerry Weller

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 11

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 Congress Genera

Transaction ID: 24881313

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Feinstein For Senate

Mailing Address 601 S Glenoaks Blvd #211

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Dianne Feinstein

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 1

Transaction ID: 24881311

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Independent Action Inc.

Mailing Address 1619 13th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24881291

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Great Plains Leadership Fund

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24881293

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. BRIDGE PAC**

Mailing Address 499 South Capitol Street, SW  
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24881296

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Our Common Values PAC**

Mailing Address 101 W. Grand Avenue  
Suite 200

City Chicago State IL Zip Code 60610

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24881310

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Committee For A Democratic Future**

Mailing Address 25 Roydon Road

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24881308

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
1 0 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 509 Madison Avenue  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: 24881306**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. John Sarbanes For Congress**

Mailing Address PO Box 6854

City Towson State MD Zip Code 21285

Purpose of Disbursement

Candidate Name  
Mr. John Sarbanes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 3

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

**Transaction ID: 24881299**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Brian Baird for Congress**

Mailing Address 1516 Franklin St

City Vancouver State WA Zip Code 98660

Purpose of Disbursement

Candidate Name  
Brian Baird

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 3

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

**Transaction ID: 24927690**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Becerra For Congress

Mailing Address P.O. Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Xavier Becerra

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA

District: 31

2006 Congress Genera

Transaction ID: 24927694

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Doggett For Congress

Mailing Address P.O. Box 5843

City  
Austin

State  
TX

Zip Code  
78703

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Lloyd Doggett

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☐ General  
☒ Other (specify) ▼

State: TX

District: 10

2006 Congress Genera

Transaction ID: 24927688

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Anna G. Eshoo

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA

District: 14

2006 Congress Genera

Transaction ID: 24927674

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Hulshof For Congress

Mailing Address Post Office Box 1621

City State Zip Code  
Columbia MO 65010

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Rep. Kenny C. Hulshof

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 9

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24927663

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Nita Lowey For Congress

Mailing Address PO Box 271

City State Zip Code  
White Plains NY 10605

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Rep. Nita M. Lowey

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 18

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24927708

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Lot Of People For Dave Obey

Mailing Address 525 Washington St  
PO Box 1322

City State Zip Code  
Wausau WI 54402

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Rep. David R. Obey

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 7

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24927706

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NJ District: 6

2006 Congress Genera

Transaction ID: 24927677

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Rangel For Congress**

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Charles B. Rangel

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 15

2006 Congress Genera

Transaction ID: 24927705

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Fortney Stark

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 13

2006 Congress Genera

Transaction ID: 24927686

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. Committee To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City State Zip Code  
 Brooklyn NY 11233

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
 Rep. Edolphus Towns

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 10

2006 Congress Genera

Transaction ID: 24927683

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. David Scott For Congress**

Mailing Address 162 Hurt Street Ne

City State Zip Code  
 Atlanta GA 30307

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
 Rep. David Scott

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District: 13

2006 Congress Genera

Transaction ID: 24927692

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Lewis For Congress Committee**

Mailing Address P.O. Box 247

City State Zip Code  
 Redlands CA 92373

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
 Rep. Jerry Lewis

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 41

2006 Congress Genera

Transaction ID: 24927711

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Hobson For Congress

Mailing Address 82 West Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. David Hobson

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼  
State: OH District: 7 2006 Congress Genera

Transaction ID: 24927671

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Every Republican Is Crucial (ERIC) PAC

Mailing Address 25 East Main Street  
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: 24927713

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Citizens For Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Bobby Rush

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☐ General  
☒ Other (specify) ▼  
State: IL District: 1 2006 Congress Genera

Transaction ID: 24927680

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. BRIDGE PAC**

Mailing Address 499 South Capitol Street, SW  
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24927639

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Silver State 21st Century PAC**

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24927662

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

011

Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Leadership 21**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24927655

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

## **A. Synergy PAC**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24927647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Friends Of Sherrod Brown**

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2006 Debt Retirement

Candidate Name  
Rep. Sherrod Brown

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 13

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 24974395

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Category/  
Type

2006 Debt Retirement

Full Name (Last, First, Middle Initial)

## **C. America Works Committee**

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24968891

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

72000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 63

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Thomas H Thompson, , MD

Mailing Address 2508 NW Medical Park Dr

City  
Roseburg

State  
OR

Zip Code  
97470-5505

Purpose of Disbursement  
Refund duplicate contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 24881536

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

250.00

Refund duplicate contribu-  
tion

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00